Philadelphia Children and Youth Experiencing Homelessness

Presented by the report subcommittee

of the Children's Work Group

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Acknowledgements

We thank all of those who contributed directly to this report:

This report can also be found at:

http://www.oneneighborhood.org
http://www.pccy.org/userfiles/file/ChildWelfare/HomelessChildrenReport2010.pdf
http://www.pec-cares.org/publications.html

<u>Introduction</u>

On any given night in Philadelphia, more than 800 children sleep in Emergency Housing. Countless other children and youth are sleeping in temporary locations, in part because Emergency Housing facilities are full. Dozens of agencies in Philadelphia that provide services to children and youth experiencing homelessness have had a growing number of young children coming to their doors. In fact, one out of every 94 Philadelphia children (ages birth to18) was homeless in 2009.[i] Young children and young adults experienced the largest increases in homelessness last year. In FY08 and FY09, there was a 12 percent increase in children age four and under in Emergency Housing and a 16 percent increase in youth ages 18 to 24. Based on Philadelphia public school enrollment data, approximately one out of every 72 kindergarten through 12th grade students experiences homelessness.[ii]

In January 2009, the nonprofit community serving children and youth who are homeless launched an initiative in partnership with the city to meet the challenge of better serving this growing number of children and youth. Dr. Donald Schwarz, Deputy Mayor of the City of Philadelphia, accepted an invitation from the nonprofit community serving families and children who are homeless and formed the Children's Work Group (CWG). He charged the CWG with developing and implementing cross-agency strategies to prevent children from becoming homeless and to address the needs of children in Emergency, Transitional and Permanent Supportive Housing programs. The scope of the group's charge was to:

- Identify standards for placement of children into Emergency Housing
- Engage the public-private sector for resources to fill gaps in services
- Assess the current state of child wellness and children's services in agency programs
- Make recommendations for policy and procedural changes
- Prioritize strategies for the implementation of new policies

Inspired in part by the March 2009 publication of *America's Youngest Outcasts*, a unique national publication on children and youth who are homeless, CWG decided to form a "Report" Subcommittee to gather data that would help inform and identify practical issues that could be addressed. Dr. Schwarz asked this group to focus on young children ages birth through three. A

group of volunteers from the academic, private, and public sectors met throughout 2009 to identify what data were available and attainable that would be useful to both the city and the nonprofit community. The subcommittee gathered data and held focus groups, two with homeless services providers representing seven agencies and five with a total of 42 consumers to gain insight into the data. Based on this information, the subcommittee developed a list of recommendations.

This report on Philadelphia's children and youth who experience homelessness – based on data from Fiscal Year 2009 (July 1, 2008 to June 30, 2009) – is the first of its kind. Once families are in Emergency Housing, not only can they be counted, but information can be collected about how and why they became homeless, what services they need, and which supports can help them get back on their feet. These data, however, often need explanation and interpretation to provide a more complete picture of families with children experiencing homelessness. This is why the CWG also held focus groups with consumers and providers of both Emergency and Transitional Housing. Their input provides details about families' experiences, giving valuable context to the data relating to child well-being, permanency and safety. Due in part to the complexity of data and financial constraints, this report is limited in scope and not a comprehensive or exhaustive view of all of the complex issues facing children who are homeless. However, the information in this report is a start and should lead to manageable change to the homeless system, resulting in better services and outcomes for Philadelphia's children and youth who experience homelessness.

The first section of this report presents general information about homelessness, Philadelphia's Emergency and Transitional Housing system, and the "typical" progression a family makes once connected to services provided by the Office of Supportive Housing (OSH). The second, main, section takes a closer look at Philadelphia's children ages birth to three that are experiencing homelessness, as well as a small section on school age children. The third section provides a broader backdrop of homeless families with children. The report then concludes by offering recommendations for action.

Overview of Findings

We learned the following as a result of looking at the data and talking with stakeholders:

- A growing number of young children in Philadelphia experienced homelessness with 46 percent of the 5,000 children served in Emergency and Transitional Housing in 2009 being under the age of five.

- Most of the children have health coverage and are connected to a primary care health provider.

- Most of the children are up-to-date with immunizations and have been screened for lead poisoning.

- While most of the children screened for lead poisoning do not have elevated lead levels, a higher percentage of those screened children have elevated lead levels than is found in the general population.

- Nearly half of children under age three are administered an "Ages and Stages" questionnaire in Emergency Housing to determine if further assessment of developmental health issues is needed.

- Many of the school aged children are frequently late for school.

Overview of Recommendations

While we found many families with children who are experiencing homelessness begin to connect to services when they enter the supportive housing system, further improvements are needed to ensure all children who are homeless access the services they need. In addition, the City of Philadelphia, Emergency and Transitional housing providers, and other systems that serve children, such as the School District of Philadelphia, the Department of Human Services (DHS), Head Start, Child Care Information Services (CCIS), and the Department of Behavioral Health (DBH), can better work together to collect and share data to improve the lives of children who experience homelessness.

1) OSH should establish a children's services agreement with every OSH contracted housing services provider and family to ensure that all children in Emergency Housing have a completed physical within 90 days of placement and maintain appropriate

immunizations during stay, and that all young children (age five and under) are screened for lead exposure and have a completed ASQ within 60 days of placement.

2) Providers in collaboration with consumers should explore opportunities for Emergency and Transitional Housing sites to offer additional activities for children. Varied activities could include movie nights, special events and outings, and greater access to playgrounds and computer labs beyond regular daytime hours.

3) While specific Emergency Housing policies do not seem to be contributing to school lateness, additional efforts should be made to assess causes of lateness as well as compare this data with lateness rates of the School District's general student body to determine what can be done to diminish lateness for students traveling from Emergency Housing.

4) OSH and providers should work cooperatively to standardize children's data to be collected and entered into the City of Philadelphia Homeless Management Information System (HMIS) within the first 14 days of Emergency and Transitional housing placement. Data could include items such as health care coverage, primary care provider, school or child care enrollment, as well as information on behavioral, developmental, or other special needs.

5) Every child with a diagnosed developmental issue must have an individualized service plan maintained in HMIS so that provider case managers can address follow-up issues with the parent at each face to face meeting.

6) The City, with support of the foundation community, should invest in efforts to expand upon current information and data sharing between OSH and other systems, such as the School District of Philadelphia, DHS, Head Start, Emergency and Transitional Housing child care programs, Child Care Information Services (CCIS), and DBH concerning children who experience homelessness. Aggregate data should be compiled annually and shared with providers and the public to foster understanding and improve services available to families and children in the homeless community.

Part I: Homelessness and Philadelphia's Response

Generally homelessness can be defined as "lacking a fixed, regular, and adequate night-time residence." While appearing to be a simple term, determining who fits this definition in order to quantify the true number of families and children experiencing homelessness at any given time is a challenge. There are many who, upon losing their own home or apartment, are able to stay with family or friends; others find other options for substitute housing. Often these solutions are temporary. Countless families are in a continual state of housing limbo, with no place to call their own. For some, this period is brief; for others, it goes on indefinitely. Many families are just one step – one disagreement, one mistake, one stressor – away from homelessness themselves. These families and their children may be waiting outside, even pounding on, the door to adequate housing, but are not homeless. Only those families who enter the Emergency Housing system are visible and counted among the homeless.

The National Backdrop

Philadelphia's experience with homelessness mirrors that of the nation. "Not since the Great Depression have so many children stood in the sight lines of homelessness," according to the National Center on Family Homelessness' report "America's Youngest Outcasts. According to that national report, 1.5 million American children – 1 in 50 children -- were without a home of their own as recently as in 2007.[iii] And these numbers reflect homelessness *prior to the recession.* In its 2008 Annual Homeless Assessment Report to Congress,[iv] the U.S. Department of Housing and Urban Development found that approximately 1.6 million Americans were homeless, with family homelessness rising 9 percent. In other words, 1 in every 190 persons in the United States was homeless.

The authors of both of the above reports suggest that their data underestimated the prevalence of homelessness in the United States. This underestimate occurred for two primary reasons. First, many people experiencing homelessness do not access the Emergency Housing system. They may stay with family, friends, or acquaintances (doubling-up) or sleep in locations not meant to house people (in streets, parks, abandoned buildings, and subway and bus stations) and, therefore, are not counted in homeless estimates. Second, some Emergency Housing providers and other agencies serving people experiencing homelessness do not report data to

national homeless management information systems. Given these methodological challenges, we remind readers that the data presented in this report reflect only those children and youth served by Philadelphia's Office of Supportive Housing, not the countless others in a variety of living situations that provide them little stability in their fragile young lives. There is no reliable means of determining whether all children in need of housing are receiving it.

Philadelphia's Response to Homelessness

Philadelphia's Office of Supportive Housing (OSH) is the agency that assists both homeless families and individuals work toward self sufficiency in safe and stable housing. Its functions include: central Emergency Housing intake, coordination and contracting with non profit organizations to provide Emergency, Transitional and Permanent Supportive Housing, and oversight of the city's 10 year plan to end homelessness. OSH serves as the lead agency for the Continuum of Care and for the City of Philadelphia Homeless Management Information System (HMIS), a software application introduced in 2006 designed to record and store client-level information on the characteristics and service needs of homeless persons.

Philadelphia's Continuum of Care consists of more than 10,000 beds to address the needs of homeless individuals and families. This includes a total of 3,769 beds in Emergency Housing, 2,593 in Transitional Housing, and 3,988 in Permanent Supportive Housing. While not all providers contract directly with OSH, the majority of Emergency and Transitional Housing programs enter information into Philadelphia's HMIS.

A Family's Path in Philadelphia's Supportive Housing System
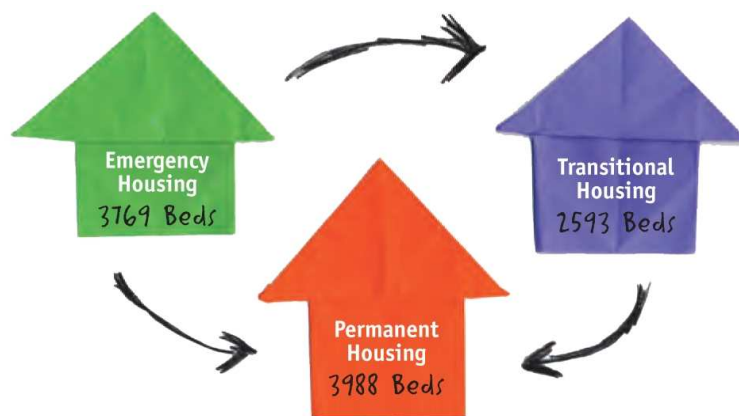
A family's progression through the supportive housing system starts at central intake at Appletree Family Center, which is the entry point into the Emergency Housing system. From here, the family may be offered prevention services if eligible, or is assigned to one of 13 Emergency Housing programs that serve families with children and/or unaccompanied youth. A family may also choose to independently seek placement at one of the eight Emergency Housing programs that do not contract directly with the OSH. While the duration of a family's stay in Emergency Housing can range from a few days to several months, in FY2009, the average length of stay for families with children was just under five months (143 days). While not all families who enter Emergency Housing follow this progression, a subset moves to one of 27 Transitional Housing programs that serve families with children, 12 of which contract directly with OSH. As with Emergency Housing, families stay in Transitional Housing for different periods of time depending on their individual circumstances. Typically, they stay in Transitional Housing for a significantly longer period of time than in Emergency Housing. For families who exited Transitional Housing during FY2009, their average length of stay was just under 11 months (330 days).

Family data are collected at intake and again at specified times as they progress through the supportive housing system. This information is entered into HMIS and provides the basis for much of the data presented in this report.

Part II: A Closer Look at Philadelphia Children who Experience Homelessness

Families with children are increasingly becoming the face of homelessness.[v] In FY 2009, OSH served more than 5,000 children and youth (under age 18) experiencing homelessness. Of this total, 3,582 children and youth utilized Emergency Housing, and 1,511 were in Transitional Housing. Based on a population of 365,000 children under age 18, this means approximately one out of every 72 Philadelphia children was homeless at some point last year.

Many of these children are very young. Almost half (46 percent) of the 5,000 children served by OSH in FY 2009 were age four and under. This age group outnumbers children in the five to 12 year-old age group. This is troubling considering that the former age group represents

a five year age range and the latter group represents an eight year age range. The youngest age group (age four and under) is also three times the size of the teen age group.[vi]

Children in Emergency and Transitional Housing Combined, FY2009
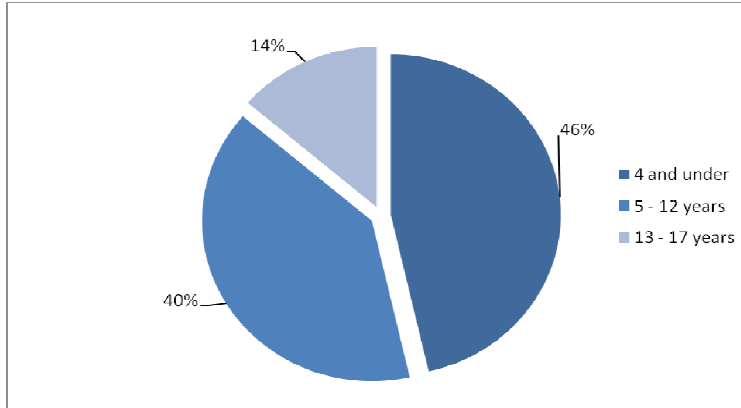
Children Served in Emergency Housing

Children make up 27 percent of those served in Emergency Housing. The number of children and youth who are homeless has increased, with an increase of 149 children (4.3 percent) between FY2008-2009. The largest increases were among young children and young mothers. There was almost a 12 percent increase of children age four and under in Emergency Housing between FY2008-2009, and the number of 18-24 years olds increased by almost 16 percent. While OSH's ability to provide services to meet this increased demand is commendable, the increasing number of young children needing Emergency Housing is unsettling.

Children Served in Emergency Housing, FY2008 and FY2009

Age	FY2008	FY2009	Percent change FY2008-2009
0-4	1,493	1,668	12%
5-12	1,425	1,438	1%
13-17	515	476	-8%
Total under age 18	**3,433**	**3,582**	**4%**
18-21	621	718	16%

Additional Emergency Housing data show that in FY2009 almost 57 percent of children age three and under were in families where the head of household, typically a young mother, was age 18-24. This represents a 14 percent increase in the number of very young children in families with young moms.

Children Age Three and Under in Emergency Housing
by Age of Head of Household, FY2008 and FY2009

Head of Household	FY2008	FY2009	Percent Increase FY2008-2009	Percent of All Children Age Three and Under, FY2009
Age 18-24	640	729	13.9%	56.6%
Age 25-34	420	428	1.9%	33.2%
Age 35-44	104	117	12.5%	9.1%
Age 45-54	16	14	-12.5%	1.1%
Age 55-64	1	0		0.0%
Total	1,181	1,288		100.0%

Looking closer

The Children's Work Group was particularly concerned about the large increase in the number of young mothers in Emergency Housing with children age three and under. The report subcommittee held focus groups, two with homeless services providers representing seven agencies and five with a total of 42 consumers to gain insight into this demographic pattern. A majority of the providers reported that this increase was the result of more young mothers seeking services. If more young mothers are seeking services, the large increase in the number of children under age four using Emergency Housing makes sense as well.

A few providers also suggested a small part of the increase might be attributed to more consumers in Emergency Housing who had "aged out" of foster care as teens. One provider commented: "They are really dropping out [of the foster care system]." She further explained that some teens simply do not want to be sent to a new foster care family, particularly if they have already been placed with several different families, so they run away.

In addition, some providers speculated that because of the stronger push for "permanency" in a shorter period of time (federal legislation adopted stricter time frames in the Adoption and Safe Families Act), some teens are returned to their biological families when the

situation that caused them to be removed from the home had not been remedied. Providers said that these teens sometimes decide to "try to make it on their own." Without sufficient supports, they become homeless as young adults. They, too, may be contributing to the rise of families with young children in Emergency Housing. This is difficult to assess, however, as we do not know how many of these families had prior foster care involvement.

Providers also suggested that young mothers, who cannot otherwise access child care, may be more likely to consider entering Emergency Housing, as more providers now provide this programming. While entering Emergency Housing may seem an extreme step in order to secure child care, young mothers in particularly difficult and strained living arrangements may see entering Emergency Housing as one of the few options they have in order to access services and eventually move to a more stable, independent situation for themselves and their children. It is difficult to measure if this theory is true or has had any meaningful impact on young families seeking housing assistance. Additional research and insights from families and providers would help to provide a clearer picture of young mothers' motivations for entering Emergency Housing.

Children Served in Transitional Housing

In FY2009, children under age five represented the largest age group (46 percent) of children served in Transitional Housing. Transitional Housing bridges the gap between Emergency and Permanent Supportive Housing, serving families who need intensive services to ensure a permanent exit from homelessness. Children in families who exited Transitional Housing during this year stayed an average of 330 days.

Children in Transitional Housing, FY2009

Age	FY2009	Percent of all children
0 - 4	697	46%
5 - 12 years	592	39%
13 - 17 years	222	10%
Total Children	**1,511**	**100%**

Unfortunately, because HMIS was still being implemented by Transitional Housing providers, there is no FY2008 data for comparison.

Children's Well-Being

In addition to the number of children served in Emergency and Transitional Housing, the Children's Work Group has examined other data sets that can help clarify how the needs of children are being met while they are in system, and where there is room for improvements. Gaining a better understanding of these factors will help support the goals of ensuring children are healthy, educated, and nurtured. Some of these data are collected in HMIS concerning all children in Emergency and Transitional Housing. Other sets of information have been collected by individual projects serving a subset of Philadelphia's children and youth who are homeless, or through specific data tracking agreements between OSH and other systems. Below we examine several specific issues concerning children who are homeless:

- Immunization status
- Health insurance coverage and connection to a primary care physician
- Access to the behavioral health system
- Completion of lead screening
- Lateness to school
- Recreation and enrichment opportunities

Children's Immunization Status

Children's immunization status is assessed at the city's central intake site, Appletree Family Center. In FY2009, of the 3,582 children housed in Emergency Housing, 1,944 (55 percent) received immunization clearance upon initial intake.[vii] Because many families do not have children's vaccination records, status for clearance is usually established by referencing the child's immunization record on the Kids Immunization Database/Tracking System (KIDS).[viii] However, due to delays in entering data into the system, this is not always possible[ix]. If a child's immunization status cannot be determined, the family is given an opportunity to secure records and the homeless programs that contract with the city to provide Emergency Housing are given this information for case management follow up.

For children in need of immunizations, they can receive clearance after placement in Emergency Housing where there is an on-site nurse who administers the necessary vaccinations. Or, for those placed at providers without an on-site nurse, their family must make an

appointment to return to Appletree for follow up or obtain the appropriate shots from their primary care physician.

A closer look at younger children (under seven years of age) in Emergency Housing reveals a high proportion is up to date with immunizations by the time they are discharged from Emergency Housing. For FY2009, the HMIS KIDS registry match found that of 2,014 younger children served in Emergency Housing, 1,510 (74 percent) were up-to-date with immunizations upon system entry. As a result of follow up case management, the rate of those up to date with immunizations increased to 84 percent of children discharged from Emergency Housing. The primary challenge is ensuring that children whose families remain in Emergency Housing for a very limited period of time (less than one month) are vaccinated before they leave the system.

Children's Health Insurance Coverage and Connection to a Primary Care Physician

Pennsylvania is a national leader in terms of providing health coverage for children. Compared to other states, the Commonwealth routinely ranks near the top, as a 2008 Pennsylvania Department of Insurance study estimated that 96 percent of Pennsylvania children had health coverage.[x] While Pennsylvania has been recognized as a national leader, the same report found that Philadelphia County has the largest number of uninsured children (26,012) in the state. However, there are no specific figures to determine what portion of the uninsured population are children and youth who are homeless.

The Children's Hospital of Philadelphia's Homeless Health Initiative (HHI) is a team of volunteer pediatricians, dentists, nurses, medical students, dental students and social work students that deliver free healthcare to children living in three West Philadelphia Emergency Housing sites. Additionally, HHI provides health education workshops and education regarding access to insurance and primary care. HHI volunteers ask mothers about their children's health coverage and connection to a primary care provider (PCP). Of the 114 children ages five and under seen in 2008-09, based on mothers' self-report, 90 percent of children were covered by health insurance and 73 percent were connected to a primary care provider.

Because CHOP's HHI works with a small portion of the overall number of children who are homeless, the children's work group was curious about health insurance coverage and connection to a PCP with other children in Emergency and Transitional Housing. Both provider

and consumer focus groups reported anecdotally that most families have insurance for their children when they enter Emergency Housing (typically Medicaid). Exceptions to this were primarily due to lapses in coverage, not because children did not have previous coverage or that parents were unaware that child coverage was available. All but two consumers reported their children had health insurance. The two who reported their children lacked coverage explained that they had just moved to the area and were in the process of applying for coverage. All consumers reported that they had a pediatrician for their children.

In the focus groups, providers reported that many families experience challenges in maintaining health coverage for their children, including onerous paperwork. Providers also reported that they do not receive children's health status information from the intake process. Providers attributed a significant cause of the lapses in health coverage to complications consumers have in dealing with recertification and other verification requirements at the County Assistance Offices (CAOs). They explained that when families enter Emergency Housing, they often expect, or at least hope, they will stay for only a short period of time. As such, some families hesitate to officially change their address with the CAO. Others plan to pick up mail from family or friends living at their prior residence; however this proves more difficult than anticipated. Increased demand for assistance stemming from the poor economy, combined with state budget woes resulting in understaffing and high CAO caseloads, means that even routine tasks such as address changes are taking longer. This combination of factors can lead to delays and even inadvertent terminations in coverage if paperwork is not processed in a timely manner. As a result, the seemingly simple task of maintaining health coverage can become very challenging.

Providers said maintaining a child's health coverage and connection to a primary care physician may not seem an urgent matter when a family losing their home and is overwhelmed by all of the challenges that brought them to Emergency Housing in the first place. When health coverage and provider issues are not addressed proactively, emergency rooms often end up as the default option for many health care needs that otherwise would not require an emergency room visit. This creates additional stress for the family and is far more costly.

Providers noted two other issues they see concerning children's primary care providers. First, some families tend to rely on general practitioners from their neighborhood rather than

selecting a pediatrician as their child's primary care physician. While individual family choice is important and should be respected, the lack of attachment to a pediatrician can be a problem if the child has special needs or medical issues. General practitioners may not be as up-to-date or well versed in child-specific illnesses or treatments, which could delay diagnoses and/or treatment. Second, providers noted that some families move frequently, often resulting in a young child seeing several health care providers. This can result in fragmented, non-comprehensive care. Some providers pointed out that they help educate families about the importance of selecting a pediatrician for their child, as well as encouraging them to select a primary care doctor who is centrally located (or at least easy to access from a major public transit line) so they can maintain a relationship with the same doctor even when they transition to other housing.

Children's Access to the Behavioral Health System

There are very little conclusive data available on the mental health needs of children and youth experiencing homelessness in Philadelphia. Nationally, we know that children experiencing homelessness have three times the rate of emotional and behavioral problems compared to children and youth that are not homeless.[xi] Not only can experiencing homelessness be traumatic, but many children and youth have been exposed to trauma prior to becoming homeless. The need for behavioral health services is great for this population as the experience of homelessness itself can exacerbate this trauma or retraumatize children, resulting in a damaging cycle.

In an effort to understand more about access to behavioral health services among children and youth who are homeless, the Children's Work Group pursued a data matching arrangement with the Department of Behavioral Health (DBH). Through this effort, FY2009 DBH data revealed that 72 percent of youth ages 13-17 and 30 percent of children ages five through 12 in Emergency Housing were participating in activities (typically after school or teen clubs) sponsored by the behavioral health system. However, a very small proportion of children under age five – just 3 percent (48 children) –were found to be DBH clients, a dramatic difference compared to older youth who were homeless. In fact, the National Childhood Traumatic Stress

Network estimates one out of five young children experiencing homelessness has emotional problems serious enough to require professional care.[xii]

Use of DBH Services by Children and Youth who are homeless, FY2009

Age	Total in Shelter	Total with DBH Services	Percent with DBH Services
0 - 4	1,668	48	3%
5 - 12	1,438	425	30%
13 - 17	476	344	72%

In recognition of the need to address behavioral issues of young children who are experiencing homelessness, OSH contracted with the Public Health Management Corporation (PHMC) beginning in January, 2007. PHMC hired a "child find" specialist to assist families and children in Emergency Housing complete the Ages and Stages Questionnaire (ASQ) to identify developmental delays, as well as connect families and children to appropriate services. The ASQ is a low-cost, reliable tool for screening infants and young children for developmental delays during the first five years of life. The questionnaire relies primarily on information from parents and addresses five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social skills.

During initial use of the ASQ from January, 2007 through April, 2008, 227 children under age three were assessed. As a result:

- 59 children (27 percent) were referred for further screening;
- 37 (17 percent) were eligible for early intervention services;
- In all, 60 developmental delays were identified. Of these;
  - language (41 percent) and physical (33 percent) delays were most common; while,
  - cognitive, social, emotional, and adaptive delays represented the remaining issues (each 10 percent or less).

OSH and PHMC were aware of the value of early detection and treatment for young children experiencing developmental delays. Building upon the initial implementation of the ASQ in 2009, use of the ASQ was expanded to nine of 13 Emergency Housing programs Of 887

children under age three housed during this period, 408 (46 percent) had a completed ASQ. Of those screened:

- 339 (83 percent) were developmentally on target, and
- 69 (17 percent) were referred for follow up (a figure similar to the initial roll out of the ASQ in FY2007 noted above).

The Children's Work Group was interested in the use of the ASQ with young children in the Emergency and Transitional Housing facilities. In focus groups with homeless services providers and consumers, the use of the ASQ was discussed. Both providers and consumers reported that use of the ASQ in Emergency Housing was a helpful practice, but they also raised some questions. First, some families did not know about the ASQ and their children had not been screened even after several months in Emergency and/or Transitional housing. Second, some providers needed clarity on whether they were to administer "both scales." (In addition to the main ASQ, there is a social/emotional section that can be used.) Some providers thought the use of this additional scale could help, but others reported that the additional scale has many nuances and would require additional training to be used properly. Another potential difficulty to identifying young children in need of DBH services, based on comments of both consumers and providers, is a general belief that identifying developmental delays in very young children is difficult to do. And even once identified, that treatment to help these children is not available.

Children's Access to Lead Testing

The presence of lead in children's bodies can cause serious and permanent damage, particularly to young children's central nervous systems and rapidly developing brains. Lead can cause decreases in IQ, learning disabilities, and behavioral problems such as attention deficits and aggression.[xiii] Children under the age of six who live in older properties and in families with low incomes are at the highest risk for lead poisoning, primarily due to exposure to lead-based paint. Because of Philadelphia's old housing stock (most homes were built before lead paint was banned for residential use in 1978), lead exposure is a serious health issue for Philadelphia's young children.

Due to the incredibly damaging effects of lead poisoning, the Children's Work Group pursued a data matching agreement with the Philadelphia Health Department to ensure children who are homeless were being screened. By matching homeless and public health data on children age five and under residing in Emergency Housing during FY2009, it was determined that 1,090 had been screened for lead exposure during their lifetime. Of these children, 6.5 percent were found to have elevated blood lead levels (10 ug/DL, or micrograms per deciliter, or above).

Taking a closer look only at those children in Emergency Housing in FY2009 who had a lead screening completed that year (592 children), 6.9 percent had high lead levels. This is more than twice the rate of high lead levels of all children tested in Philadelphia. According to the Philadelphia Department of Public Health, Childhood Lead Poisoning Prevention Program, in calendar year 2009, 28,113 Philadelphia children were screened for lead exposure. Of these children, 2.9 percent (828 children) had blood lead levels greater than 10 ug/DL.

Lead Screening of Philadelphia Children Birth to age Six, FY2009

	Children in Emergency Housing	All Philadelphia Children
Children Screened for Lead	592	28,113
Children with high lead levels (over 10 ug/Dl)	41	828
Percent with Elevated Lead Levels	6.9%	2.9%

The higher rate of elevated lead levels among children who are homeless suggests that prior to entering Emergency Housing these children were more likely to be living in housing where lead hazards were not addressed. Based on the disproportionately high incidence of dangerous lead levels among children who are homeless, it is critically important to ensure that all children who enter Emergency Housing are tested. Many children who are homeless are screened for lead exposure, but there are still challenges to ensuring these tests are completed and records of their outcomes are available. While 65 percent of children under age five in

Emergency Housing in FY2009 (1,090 of the 1,686) had a completed lead screening, 35 percent - nearly 600 children – did not.
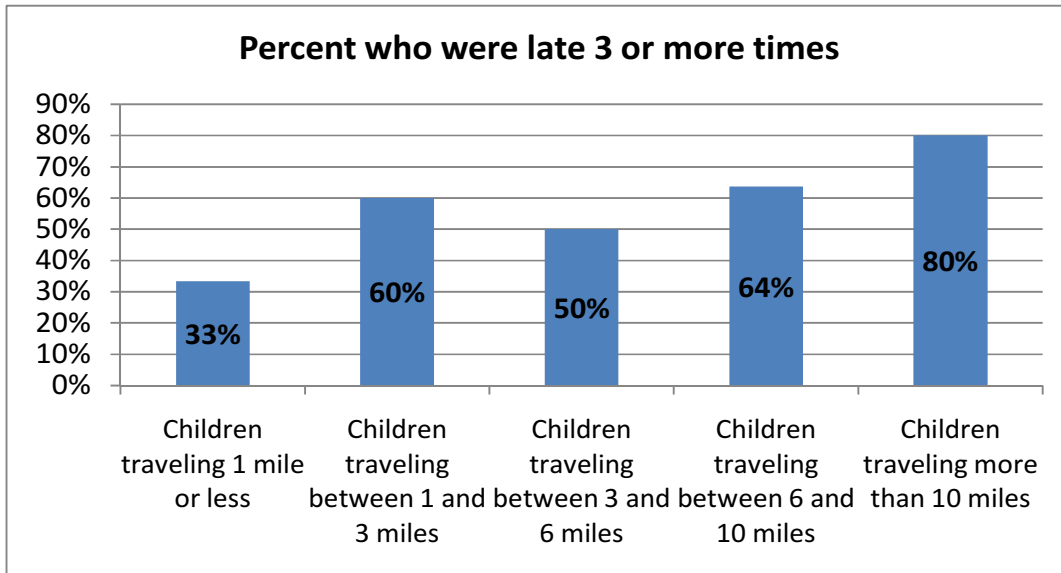
When asked about lead testing in the focus groups, providers reported that many families receive health care from several different providers and often do not have records with them to show a child has been tested for lead. Consumers confirmed this in their focus groups. Many said their children had been tested for lead prior to entering and were again tested once in Emergency Housing. The re-screening of children ages three and younger is recommended, so repeat screenings are not a problem. However, what is critically important is to ensure that all children under age six are tested. Providers suggested that intake information collected at Appletree should include a "red flag" if lead testing needs to be completed so that caseworkers can help families arrange for this immediately.

Children's Lateness to School

While the majority of data presented in this report concerns young children, lateness to school was a specific concern identified for school age children. Over the years, the Philadelphia School District (SDP) has identified lateness as a prevalent issue among students who are homeless and indicated it was a precursor to truancy. In addition late students often disrupt classes, which presents problems in the school or classroom. As a result, the Children's Work Group examined school lateness by requesting data to assess the extent of the problem.[xiv] In addition, because the McKinney-Vento Act provides that students experiencing homelessness can continue attending their school of origin despite changes in their living situation (i.e. the "right to school selection"), a corresponding question arose: Was the incidence of lateness linked to the distance children and youth who are homeless had to travel to school?

OSH approached the SDP to assess lateness information for 138 students residing in three separate Emergency Housing programs.[xv] This analysis, for three months in the fall of 2009, revealed that even among those traveling less than one mile to school, one-third of students were late three or more times in the three month period. For a student traveling distances greater than one mile, the incidence of lateness was even greater. Half of students traveling three to six miles, and 80 percent of those traveling more than 10 miles, were late three or more times during the reviewed time period.

Children's Lateness to School, Fall 2009

Percent who were late 3 or more times

Category	Percent
Children traveling 1 mile or less	33%
Children traveling between 1 and 3 miles	60%
Children traveling between 3 and 6 miles	50%
Children traveling between 6 and 10 miles	64%
Children traveling more than 10 miles	80%

Providers were skeptical that student lateness was caused by a family residing in Emergency Housing. They surmised that lateness was far more likely to be influenced by the parent's attitude about school and whether education is important to them. In addition, many wondered what the overall lateness to school statistics would reveal for district students overall, as well as how often students in these specific families were late prior to their stay in Emergency Housing. They also wondered if the incidence of lateness would differ if the data distinguished between families "new" to Emergency Housing versus those that had established routines (or, even compared to those in Transitional Housing). Overall, providers thought many of these families would face challenges in getting children to school on time whether they were residing in Emergency Housing or elsewhere. The only specific challenge providers identified was that some Emergency Housing providers have a strict sign-in/sign-out policy. If all families are trying to get their children out the door at the same time in the morning, the need to wait in line to sign out could delay a student's arrival at school.

Consumers confirmed provider's perspective. Very few attributed lateness to residing in Emergency Housing itself. Although a few noted that this was a very stressful time in their lives, they did not identify any specific Emergency Housing policy or practice as contributing to school lateness. However, a few residing at larger facilities said that trying to access bathrooms and get breakfast for a large group of children at the same time contributed to lateness. The majority of

participants in our focus groups, however, did not have children traveling more than a mile to school. Most had transferred their children to neighborhood schools near their housing that were within walking distance. Yet even among this group, data show considerable lateness.

When asked how lateness might be addressed, providers suggested that for those students traveling further to school, the District could bus students directly from Emergency Housing rather than relying on public transit. This idea, however, was not well-received by consumers. They were concerned that bussing directly from Emergency Housing would make their children identifiable as homeless to other students. They preferred using SEPTA as a means of minimizing stigma.

Recreation and Enrichment Opportunities

During focus groups, consumers were asked for suggestions for improvements that could be made in Emergency and Transitional Housing that would help their children. Uniformly, they identified the need for more recreational and enrichment activities. Consumers particularly noted the need for such activities in the evenings and weekends when their children are not in school. While many providers have play areas and/or computer rooms on site, consumers noted these facilities are sometimes locked and not available to their children outside of daytime hours due to reduced provider staffing during these times. In addition, consumers expressed a desire for more organized trips to allow their children exposure to outside events. While the availability of activities varies greatly between providers, and some have more robust volunteer and outside agency-sponsored evening and weekend programming than others, consumers were clearly interested in additional recreation and enrichment opportunities for their children.

Part III: Family Homelessness in Philadelphia

While this report focuses on young children, children do not enter the housing system alone. Thus it is critical to consider the broader context of children's homelessness, including:
- Factors that contribute to homelessness in Philadelphia
- Families with children who enter the Emergency Housing system, what led them to their current housing status and, and where they go upon discharge from the Emergency and Transitional Housing system.

Factors Contributing to Homelessness in Philadelphia

     While the root cause of homelessness is a combination of poverty and out-of-reach housing costs, there are many other factors that put families at risk. The most commonly cited causes of family homelessness are: poverty, lack of affordable housing, and unemployment.[xvi] A closer look at these and other contributing issues demonstrates that conditions that may lead to homelessness are found, to a high degree, in Philadelphia. The combination of these factors keeps family Emergency and Transitional Housing filled and often pushes at-risk families to homelessness.

Poverty[xvii]

- The city's poverty rate, 24 percent ($22,050 for a family of four) is nearly double the national average (13 percent).
- The child poverty rate is even more striking, as approximately one in three of the city's children live in poverty.
- Philadelphia has a high rate of "extreme poverty," 11.3 percent of Philadelphians have income below half the poverty line ($11,025 for a family of four), compared to 5.2 percent statewide.
- The highest number of extremely poor households is headed by single females age 18-24, which is reflected in the growth of this population in Emergency Housing.
- For a family with children age three and under in Emergency Housing in 2009, the average monthly income was $566 a month, or $ 6,788 annually.[xviii]

Lack of Affordable Housing[xix]

- Between 2000 and 2005-06, Philadelphia's total shortage of affordable and available housing for extremely-low-income renters (those with income less than 30 percent of area median, or $29,300 for a family of four) was 49,810 units.
- Data indicates that in 2005-06 there were only 43 affordable and available units per 100 extremely- low-income renter households, representing a decline from 49 in 2000.

- Pennsylvania's "Housing Wage" in 2009 – the hourly wage a family must earn, working 40 hours a week, 52 weeks a year, to be able to afford rent and utilities for a two-bedroom apartment in the private housing market – is $15.37.[xx] This represents a 40.2 percent increase since 2000.

- The recession has hit Philadelphia hard. In 2009, the city lost 11,500 jobs [xxi]

- With an average of 651,000 jobs for the year (2009), the city had fewer jobs than at any time in its modern history.[xxii]

- As a result of jobs lost in the city and region, the unemployment rate for Philadelphians, which was 7.2 percent in 2008, averaged 10.3 percent in 2009 and was at 10.8 percent as of June, 2010. [xxiii]

- Individuals who drop out of high school in Pennsylvania are more than six-times more likely to live in poverty than graduates and have a median income of less than $15,000 per year.[xxiv] Philadelphia has a large number of adults without a high school diploma.

- Philadelphia has a large number of adults without a high school diploma. Just over half (55 percent) of Philadelphia public school students graduate high school in four years; even considering those who take longer, six years, only 60 percent graduate.

- In Southeastern Pennsylvania, high school dropouts earn $414,000 less over the course of their lifetime than high school graduates. Those with a bachelor's or higher degree are expected to earn 4.5 times as much as high school dropouts over their working lifetimes ($2.05 million vs. $457,000).[xxv]

In addition to the above conditions, there are other stressors in families' lives that make it difficult to secure and maintain stable employment, which in turn puts them at higher risk for homelessness. For instance, Emergency and Transitional Housing providers routinely find that many residents have experienced domestic violence and/or foster care involvement during their childhood. The incidence of these common factors is difficult to quantify, as many families are reluctant to discuss their experience with domestic violence or involvement with the foster care system. Depending on the person, it takes weeks or even months for him or her to reveal some of

the past experiences that have contributed to becoming homeless. To put these factors into context, consider:

- National estimates are that more than 90 percent of sheltered and low-income mothers have experienced physical and sexual assault over their life span.[xxvi]
- A 2003 survey of homeless mothers in 10 locations around the country found that 25 percent of the women had been physically abused in the last year.[xxvii]
- In 2008, the Philadelphia Police Department had 137,900 incidents of domestic violence reported (377 daily).
- Across the U.S., homeless adults report disproportionately high rates (between 10 and 39 percent) of foster care histories.
- Nationally, somewhere between 15 and 22 percent of young people become homeless within one year of aging out of the foster care system, and 53 percent either become homeless or experience unstable housing within 18 months of foster care emancipation.[xxviii]
- While Philadelphia is using out of home placement less, in 2009, more than 6,000 Philadelphia children were in foster care.

Who Enters the Emergency Housing Door?

Considering the prevalence of poverty, inadequate affordable housing, low educational attainment and more, it is clear that many residents in Philadelphia are struggling. But what makes some of them more vulnerable to homelessness than others? The combination of factors noted above, at times exacerbated by personal, physical, and mental health challenges, are influenced by yet another, crucial factor that is difficult to assess and quantify: the lack of "support systems."

Support systems are the family and friends we all rely upon in times of trouble. The depth and strength of these networks vary greatly for families at all income levels. For low-income families who lose their source of income, if support systems are stretched beyond their limits or are too far away, they may lose their housing and become homeless. The recession has compounded stress factors upon low-income families – as well as upon support systems. As more families struggle, even those typically in more stable situations who can lend help may be

less able to do so. Support systems fray and sometimes break under the weight of multiple demands.

In FY2009, 2,649 families resided in either Emergency or Transitional Housing in Philadelphia. These families represented 7,777 individuals served throughout the year (5,378 in Emergency Housing; 2,399 in Transitional Housing). At any one time, a total of 970 families reside in Emergency and Transitional housing combined.

During intake, families entering the Emergency Housing system are asked where they lived prior to seeking help through OSH. The most common response: the family had been evicted by a family member or friend. This reason was cited nearly twice as often as the second most common reason, which was eviction from the family's own residence. In fact, nearly 75 percent of families who entered Emergency Housing in FY2009 had either been evicted from their own housing or had been asked or voluntarily left the home of a family or friend. While research has shown a high prevalence of domestic violence in the lives of families who become homeless, this was cited just 9 percent of the time as the reason a family sought Emergency Housing.

## Prior Living Situations of Families in Emergency Housing, FY2009
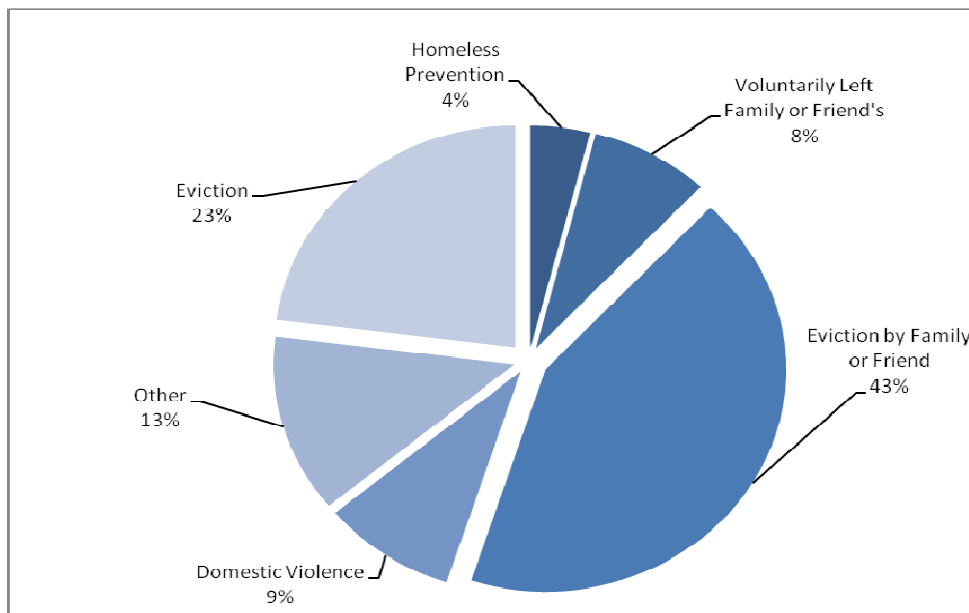
In our focus groups, providers were not surprised by the data we presented about families' prior living situations. They had heard many variations of the same theme throughout their time working with consumers. For many families who move in with family or friends, their stay is often envisioned as temporary but stretches to a longer time period than anticipated. As time passes, they sometimes wear out their welcome. Another common scenario is that the family or friend who had been providing housing simply needed to take in another family member or friend. There simply is not enough room for everyone. Lastly, another common cause of friction is when the "guest" finds a job and the "host" family or friend expects more financial contribution to cover household expenses. Resulting disagreements over money are often cited as a common reason for evictions.

Providers also suggested that the category of "evicted by family or friend" could be somewhat misleading. They believed it may not tell enough about the reasons a family was previously living with family or friends, as families with very different types of circumstances were being lumped together: 1) those who had been self-sufficient, then lost their own housing due to job loss, a mental health or drug and alcohol issue, or other challenges, and, 2) those who have always lived with friends or family and had never lived independently, often teen mothers. To better distinguish between these two groups, each of whom have different needs, providers suggested it would be helpful to also ask whether the family ever had a place of their own.

Children in Families who left Emergency Housing

Families who enter Emergency Housing stay for various lengths of time. Some stay for a few months, utilizing supports that are available; others leave after just days or weeks. While there are a wide variety of reasons families leave Emergency Housing, the hope is that they leave to a stable situation so that they and their children do not again become homeless. Of the more than 6,000 families who left Emergency Housing from FY2007 to FY2009, 21 percent moved along the continuum of care into either transitional (16 percent) or Permanent Supportive Housing (5 percent). Fifteen percent went to live with family or friends, and 10 percent moved to private market housing. However, many families who leave Emergency Housing do not inform staff of their reasons for leaving, resulting in their destinations being unknown to OSH. These "unplanned exits" represented 48 percent of families who left during this three year period.

## Destination of Children Leaving Emergency Housing, FY2007-09
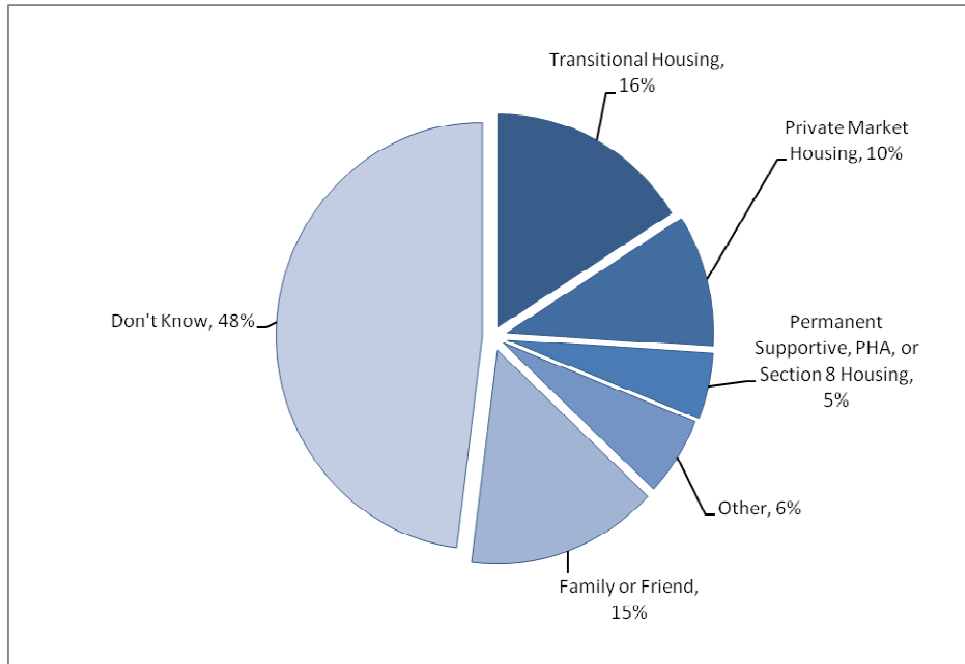
In discussions with providers, the data showing where families ended up after leaving Emergency Housing confirmed their general sense of results based on their experiences with families. They specifically commented that the 5 percent figure for supportive housing demonstrates that there is not enough Permanent Supportive Housing for women with children who have mental health or drug and alcohol addictions. Transitional Housing providers in particular thought this was a problem, as they have seen an increase in the number of such families moving to Transitional Housing. They believed that for some of these women with children, Permanent Supportive Housing would provide a greater chance of success, since some need greater support than Transitional Housing provides. Or, even if they manage for the duration of time in Transitional Housing, they are unlikely to be capable of succeeding in the more independent living that is intended to be the next step following their stay in Transitional Housing.

Children in Families who left Transitional Housing

Unlike the many families who move on from Emergency Housing without reporting their reason for leaving, families who make it into Transitional Housing are more likely to have

developed a more stable situation and to stay for a longer period of time. Most report where they are headed once leaving Transitional Housing. Of the 322 families who left Transitional Housing in FY2009, 58 percent were headed to subsidized housing (whether a Permanent Supportive Housing program, Section 8, or PHA), and 33 percent were moving to private market housing. However, 6 percent ended up back in Emergency Housing, either because they did not follow rules required of their Transitional Housing program, or, because they were not able to secure other housing when their time in Transitional Housing came to an end (most programs are limited to 24 months).

Destination of Children Leaving Transitional Housing, FY2009
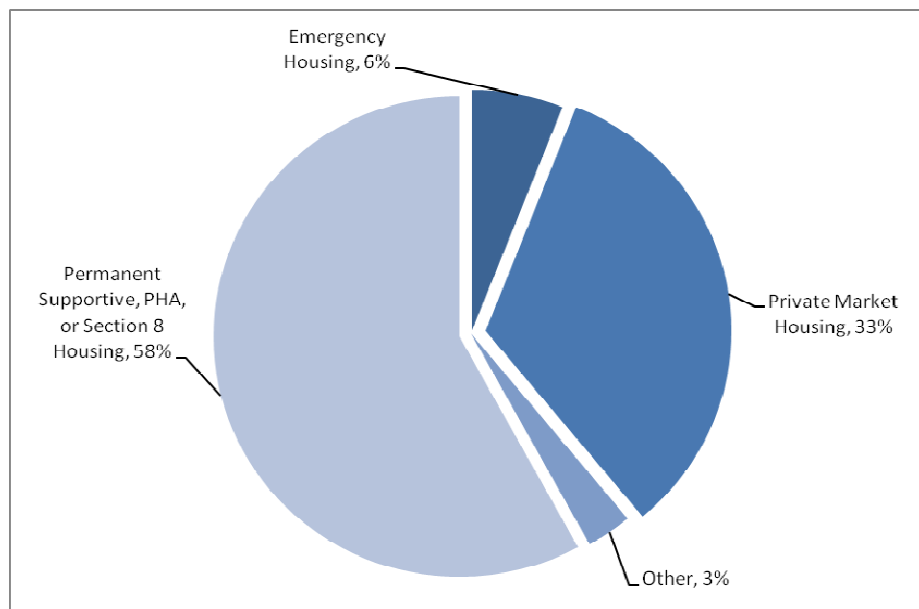
Continuing Barriers to Permanency: Recidivism

Over the past three years (FY2007-2009), of the 6,071 families who left Emergency Housing, 303 returned before June 30, 2009. This is an average recidivism rate of 5 percent. Those most likely to return were younger heads of household (18-24 year olds), which means it is also the youngest children – those under age five – who are most likely to lack stable housing, family supports, and income.

Families who Left Emergency Housing & Returned within Three Years (FY2007-09)

Returnees by Destination at Discharge
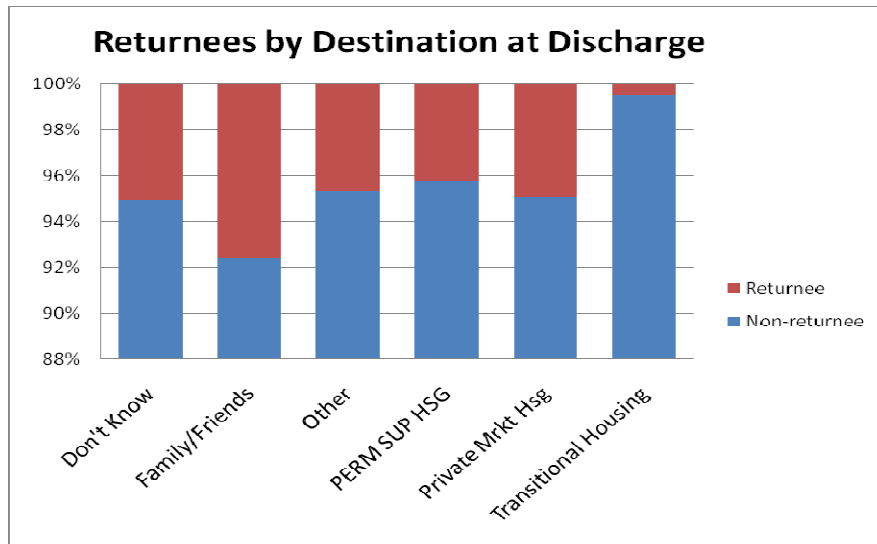
Not a single provider in our focus groups was surprised that families with a head of household age 18-24 were the largest group to return. They had seen many residents in this age group leave Emergency Housing because they did not want to follow the rules, particularly curfews. In fact, they thought the reasons they left Emergency Housing often mirrored the reasons many had been "evicted" from family/friends' homes prior to coming to Emergency Housing. In addition, they said many young women end up back in Emergency Housing after having another child. If family or friends had taken them in, the addition of a new baby often adds more stress than the family or friend's household can manage.

Providers cited two other common scenarios as reasons families return that are less specific to the 18-24 year old group. Generally, those families who leave Emergency Housing without a set plan are more likely to come back. In addition, some enter Emergency Housing under the misconception that it is a quick route to housing of their own. They have heard rumors that being in Emergency Housing will give them priority status that moves them up the wait list for subsidized housing (PHA or Section 8). Although families in Emergency Housing did have housing priority in Philadelphia until the early 1990s, this is no longer true. When consumers learn this policy has ended, they sometimes leave.

Providers unanimously agreed that three years was too short a time frame from which to consider recidivism. However, because HMIS is still relatively new, the data currently available

are limited to this time frame. The ability to look back over longer time frames will grow each year, so that more telling five and 10 year time frames can be considered.

Recidivism data for families leaving Transitional Housing are more limited than the three year time period considered for Emergency Housing. Transitional Housing providers were still implementing HMIS during this time period, so return rates of families who left Transitional Housing are available only for FY2009. These data reveal that 7.5 percent of families who exited Transitional Housing returned by the end of the year. Looking at children specifically, 45 of the 559 total children (8 percent) who exited Transitional Housing in 2009 returned.

Part IV: Challenges and Policy Recommendations

The well being of children and families who are at risk of homelessness or who become homeless is fragile. To achieve better outcomes and stability for these families, they must be able to access basic supports and services. While we found many families begin to connect to these services when in Emergency Housing, there are further improvements necessary to ensure all children who are homeless receive the supports they need.

Working together, the City of Philadelphia, service providers, and citizens concerned about children can improve the lives of children who experience homelessness. The following recommendations provide a guide to help the current generation of children and youth impacted by homelessness grow and prosper despite the difficult circumstances they face. This list does not include all systems improvements that can and should happen, but are activities that can be implemented in the short run.

CHILD WELL BEING

Challenge 1: Health
While the majority of young children who are homeless are up-to-date with immunizations, are screened for lead exposure, and are administered the Ages and Stages Questionnaire (ASQ) in Emergency Housing to determine developmental health issues, some children are still missing out on these important health interventions.

Recommendation: OSH should establish a children's services agreement with every OSH contracted housing services provider and family to ensure that all children in Emergency Housing have a completed physical within 90 days of placement and maintain appropriate immunizations during stay, and that all young children (age five and under) are screened for lead exposure and have a completed ASQ within 60 days of placement.

Challenge 2: Recreation

Children and youth who are homeless need greater access to recreation and enrichment activities while in Emergency and Transitional Housing.

Recommendation: Providers, in collaboration with consumers, should explore opportunities for Emergency and Transitional Housing sites to offer additional activities for children. Varied activities could include movie nights, special events and outings, and greater access to playgrounds and computer labs beyond regular daytime hours.

Challenge 3: Education

Lateness to school, which is a known precursor to truancy, has been identified as a prevalent issue for students who are homeless.

Recommendation: While specific Emergency Housing policies do not seem to be contributing to lateness, additional efforts should be made to assess causes of school lateness as well as compare this data with lateness rates of the School District's general student body to determine what can be done to diminish lateness for students traveling from Emergency Housing.

CHILD DATA COLLECTION AND FOLLOW UP

Challenge 1: While the implementation of HMIS and establishment of central intake at Appletree Family Center has brought the information known about Philadelphia families in Emergency and Transitional Housing to a new level, there remains significant variation in the programs and practices utilized by different Emergency and Transitional Housing providers.

Recommendation: OSH and providers should work cooperatively to standardize children's data to be collected and entered into HMIS within the first fourteen days of Emergency and Transitional Housing placement. Data could include items such as child health care coverage, primary care provider, school or early care and education enrollment, as well as information on behavioral, developmental, or other special health needs.

DATA MATCHING AND INFORMATION SHARING BETWEEN SYSTEMS

Challenge 1: While the number of children being screened by the ASQ is being tracked, difficulties remain in determining whether children receive appropriate follow up evaluations and access recommended treatment.

Recommendation: Every child with a diagnosed developmental issue must have an individualized service plan maintained in HMIS so that provider case managers can address follow-up issues with the parent at each face to face meeting.

Challenge 2: This report had limited capacity to closely examine other important issues due to a lack of data concerning children and youth who are homeless and who are served by multiple systems including child welfare, early care, education, and health care.

Recommendation: The City, with support of the foundation community, should invest in efforts to expand upon current information and data sharing between OSH and other systems, such as the School District of Philadelphia, DHS, Head Start, Emergency and Transitional Housing child care programs, Child Care Information Services (CCIS), and DBH/MRS concerning children who experience homelessness. Aggregate data should be compiled annually and shared with providers and the public to foster understanding and improve services available to families and children in the homeless community.

Appendix I: Methodology

Homelessness: Philadelphia's Supportive Housing System consists of more than 10,000 beds to address the needs of homeless individuals and families. While not all providers contract directly with OSH, the majority (92 percent) of Emergency and Transitional Housing programs that serve families enter information into Philadelphia's Homeless Management Information System (HMIS), a software application introduced in 2006 designed to record and store client-level information on the characteristics and service needs of homeless persons. OSH provided the Children's Work Group with HMIS data for this report.

Immunizations: The Children's Work Group requested a HMIS/KIDS (Kids Immunization Database/Tracking System) data match for FY2009 to determine if children in Emergency Housing were up to date with immunizations. KIDS is the Philadelphia Department of Public Health's citywide immunization registry. The registry houses data for over 530,000 children and contains documentation of more than 6.6 million immunizations.

Health Insurance Coverage and Connection to a Primary Care Physician: Children's Hospital of Philadelphia's Homeless Health Initiative (HHI) is a team of volunteer pediatricians, dentists, nurses, medical students, dental students and social work students that deliver free healthcare to children living in three West Philadelphia Emergency Housing sites. HHI provided data concerning children's health coverage and connection to a primary care provider (PCP).

Access to Behavioral Health Services: The Children's Work Group requested a HMIS/Department of Behavioral Health (DBH) data match for FY2009 to assess how many children who are homeless were accessing DBH services.

Access to Lead Screening: The Children's Work Group requested a HMIS/Philadelphia Health Department data match to ensure children who are homeless were being screened for lead.

Lateness to School: While a full data systems match was not possible, OSH requested data from the School District of Philadelphia on a sample of 138 students in residence at three Emergency Housing providers – Kirkbride, Jane Addams and Stenton Family Manor – as of November 15, 2009.

Ages and Stages Questionnaire (ASQ): ASQ is a low-cost, reliable tool for screening infants and young children for developmental delays during the crucial first 5 years of life. ASQ addresses five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. Highly reliable and valid, ASQ looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' expert knowledge about their children. The American Academy of Neurology, the Child Neurology Society and First Signs, an organization dedicated to the early identification of children with developmental delays, recommend ASQ as a high quality developmental screening tool. See www.agesandstages.com/ for more information.

Child Well-Being: Measured taking into account health outcomes, and educational proficiency.

Children's Work Group: A collaboration between the City of Philadelphia and service providers organized in January 2009 to focus attention on homeless children and youth. The objective of the group is to develop and implement cross-agency strategies to prevent children from becoming homeless and to address the needs of children in emergency, transitional and supportive housing programs. The Philadelphia Office of Supportive Housing is coordinating the meetings and maintaining the agenda.   The scope for the group is to:

- Identify standards for placement of children into Emergency Housing
- Engage the public and private sectors for resources to fill gaps in services
- Assess the current state of child wellness and children's services in agency programs
- Make recommendations for policy and procedural changes and,
- Prioritize strategies for implementation of approved new policies.

CHOP Homeless Health Initiative (HHI): The Homeless Health Initiative (HHI) is a volunteer outreach program coordinated by The Children's Hospital of Philadelphia's

Community Education Department. Volunteers of the HHI provide medical and dental services to children in area Emergency Housing providers and assist families in accessing important health care services including health insurance, primary care and specialty care. HHI started in 1988 when a group of Children's Hospital residents recognized the need to improve health care access for children who are homeless. Today, HHI provides the following services to children in Emergency Housing and their families:

- Medical and dental care
- Access to primary and specialty care
- Hearing and vision screenings
- Developmental and autism screenings
- Health education and parenting workshops
- Interactive parent-child development activities

HHI collected data from nurses and doctors at the monthly health visits. Many conversations with mothers also allowed them to share any concerns they had about their child's development.

Continuum of Care: A collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of homeless persons. (See: http://hudhre.info/documents/2009CoCNOFACorrections.pdf)

Department of Behavioral Health (DBH): Philadelphia Department of Behavioral Health and Mental Retardation Services (DBH/MRS), provides comprehensive behavioral health and mental retardation services through a provider network. DBH/MRS serves more than 120,000 people each year. More information can be found at http://www.dbhmrs.org/divisions/

Doubled-Up: Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.

Emergency Housing: There are a wide variety of temporary and long-term shelter programs. Some of these providers are publicly funded through the [Office of Supportive Housing (OSH)](#) and others are privately subsidized. Admission criteria are different for each provider and some specialize in certain populations. Publicly funded Emergency Housing providers rely on OSH to coordinate and approve admissions. For more information, see http://www.oneneighborhood.org/program/emergency-shelters

HMIS: Homeless Management Information System (HMIS) is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. The U. S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, an HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

Homeless: HUD's definition was used in this report: the term "homeless" or "homeless individual or homeless person" includes-
1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a primary nighttime residence that is -
    a. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
    b. an institution that provides a temporary residence for individuals intended to be institutionalized; or
    c. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
    See: http://portal.hud.gov/portal/page/portal/HUD/topics/homelessness/definition

KIDS Registry: KIDS (Kids Immunization Database/Tracking System) is the Philadelphia Department of Public Health's citywide immunization registry. The registry houses data for over 530,000 children and contains documentation of more than 6.6 million immunizations.

McKinney-Vento Homeless Assistance Act: Among many other things, this Act requires that states ensure that homeless children have access to a free, appropriate public education and that school districts provide data to the federal government. See: http://www.naehcy.org/m_v.html

Medicaid: State-administered health insurance program for eligible groups of low-income individuals and families, including pregnant women and children under age 6 whose family income is at or below 133 percent of the Federal Poverty Level, and children ages 6 to 19 with family income up to 100 percent of the Federal Poverty Level.

Permanent Supportive Housing: A type of housing that is long-term and provides supportive services for homeless persons. It enables special needs populations to live as independently as possible in a permanent setting. (Source: (http://hudhre.info/index.cfm?do=viewShpDeskguideC#Component1Transitional)

Office of Supportive Housing (OSH): The Office of Supportive Housing is the public entity charged with the policy, planning and coordination of the city's response to homelessness. Major areas of work include the coordination of the Homeless Continuum of Care and implementation of Philadelphia's Recalibrated Ten Year Plan to End Homelessness. OSH offers a wide array of services including emergency, transitional and supportive housing to individuals, couples, and families. The Continuum of Care includes: Homelessness Prevention & Rapid Re Housing; Homeless Centralized Intake Services, Emergency Housing, Transitional Housing, Permanent Supportive Housing, Housing Inspection, Emergency Food Distribution Program and Riverview Home.

Recidivism: A return or relapse back into homelessness; usually at least a 30-day break in residing in Emergency or Transitional Housing

Transitional Housing: Transitional Housing (TH) is a type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. Basically, it is housing in which homeless persons may receive supportive services that enable them to live more independently. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. Transitional Housing can be provided in one structure or several structures, at one site or in multiple structures at scattered sites. (http://hudhre.info/index.cfm?do=viewShpDeskguideC#Component1Transitional)

Unaccompanied Youth: Young people who are unattached to families and generally range in age from 16 to about 22 years (e.g., runaway or homeless youth).

Vouchers (Section 8 or Housing Choice): Federal housing assistance programs designed to bridge the gap between household income and rent.

A. References (currently as end notes; we can revise if needed.)

Endnotes

[i] Based on the U.S. Census Bureau, American Community Survey 2006-08 population average of 363,701 individuals under age 18 in Philadelphia.

[ii] Based on a public school population of 195,412 total k-12 students in the School District of Philadelphia and Philadelphia Charter schools combined. This figure does not include the k-12 private school population.

[iii] The National Center on Family Homelessness, *America's Youngest Outcasts,* 2009. This report used the education definition of homelessness, a broader definition that includes children who are: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled-up); living in motels, hotels, trailer parks, or camping grounds due to lack of alternative accommodations; living in emergency or transitional shelters; abandoned in hospitals; awaiting foster care placement; using a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; living in cars, parks, public spaces, abandoned, buildings, substandard housing, bus or train stations, or similar settings; and migratory children who qualify as homeless because they are living in circumstances described above. http://www.homelesschildrenamerica.org/pdf/rc_full_report.pdf

[iv] U.S. Department of Housing and Urban Development, Office of Community Planning and Development, *2008 Annual Homeless Assessment Report to Congress,*
http://www.hudhre.info/documents/4thHomelessAssessmentReport.pdf,

[v] Office of Supportive Housing, 2010 Point in Time Count, distributed at McKinney Vento Strategic Planning Committee meeting, February 8, 2010.

[vi] It should be noted that the systems who serve homeless teens agree that homeless teens are undercounted and that no one knows the full extent of this homeless subpopulation. For instance, only teens that enter Emergency or Transitional Housing with their families are represented in HMIS. Many teens are served by teen only providers such as Covenant House and Youth Services, Inc.

[vii] Clearance includes those children who are up-to-date with immunizations, whose families have religious objections to immunizations, or who have medical contraindications to vaccines

[viii] KIDS (Kids Immunization Database/Tracking System) is the Philadelphia Department of Public Health's citywide immunization registry. The registry houses data for over 530,000 children and contains documentation of more than 6.6 million immunizations. KIDS provides authorized Philadelphia health care providers consolidated immunization records for their pediatric patients as well as custom recommendations based on the most recent immunization schedules.

[ix] There is at least a two month lag from vaccination to assessment, and registry matching is performed once per quarter.

[x] Pennsylvania Department of Insurance, *2008 Health Insurance Status Survey*

[xi] National Child Traumatic Stress Network, *Facts on Trauma and Homeless Children,* 2005. Available at http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/Facts_on_Trauma_and_Homeless_Children.pdf

[xii] Ibid.

[xiii] Braun, J., Kahn, R.S., Froehlich, T., Auinger, P. and Lanphear, B. (2006), *Exposures to environmental toxicants and attention deficit hyperactivity disorder in US children. Environmental Health Perspectives*, retrieved online on September 19, 2006 from http://dx.doi.org; Needleman, H. (2004), *Lead poisoning, Annual Review of Medicine*, 55, 209-22.

[xiv] Absenteeism and student mobility are also important issues. OSH measures school attendance at all family Emergency Housing sites, and we anticipate student mobility, as well as test scores, will be addressed in the District's Annual Specialized Services Report.

[xv] Based on a sampling of Philadelphia Public and Charter School Students from Kirkbride, Jane Addams and Stenton Family Manor who were in residence on 11/15/09.

[xvi] U.S. Conference of Mayors: *Hunger and Homelessness Survey*, December 2009. Found at http://www.usmayors.org/pressreleases/uploads/USCMHungercompleteWEB2009.pdf

[xvii] Poverty information is from the U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates, 2006-08 unless otherwise noted.

[xviii] Office of Supportive Housing, *Children's Wellness Report*, January 2010.

[xix] Erin Mierzwa, Federal Reserve Bank of Philadelphia, and Kathryn P. Nelson, Ph.D., Consultant, Affordable Housing Needs, with Harriet Newburger Ph.D., Federal Reserve Bank of Philadelphia: *Affordability and Availability of Rental Housing in Pennsylvania.* Federal Reserve Bank of Philadelphia, January 2010.

xx In Pennsylvania, the Fair Market Rent (FMR) for a two-bedroom apartment is $799. To afford this level of rent and utilities, without paying more than 30% of income on housing, a household must earn $2,664 monthly or $31,969 annually. Based on a 40-hour work week, 52 weeks per year, this is a Housing Wage of $15.37.Housing Alliance of Pennsylvania website, http://www.housingalliancepa.org/library/view.php?resource_id=160

xxi *Philadelphia: The State of the City—A 2010 Update*, the PEW Charitable Trusts, March 27, 2010.

xxii Ibid.

xxiii Ibid.

xxiv Center for Labor Market Studies at Northeastern University, *The Consequences of Dropping Out of High School; Joblessness and Jailing for High School Dropouts and the High Cost for Taxpayers,* October, 2009.

xxv Center for Labor Market Studies, Northeastern University, *The Tax and Transfer Fiscal Impacts of Dropping Out of High School in Philadelphia City and Suburbs,* January, 2009.

xxvi *Facts on Trauma and Homeless Children*, The National Child Traumatic Stress Network Homelessness and Extreme Poverty Working Group, 2005,
http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/Facts_on_Trauma_and_Homeless_Children.pdf

xxvii National Coalition for the Homeless (NCH) Fact Sheet #7, August 2007 (citing American Civil Liberties Union, 2004), http://www.nationalhomeless.org/publications/facts/domestic.pdf.

xxviii Cheryl Zlotnick, RN, DrPH, Children's Hospital & Research Center Oakland, *What Research Tells Us About the Intersecting Streams of Homelessness and Foster Care,* American Journal of Orthopsychiatry, 2009, Vol. 79, No. 3, 319–325.